ç	Επεсτινε October 1, 2003									19-85/87/						
			CLAIMS		ED - PART		(Column 2)		SMAL	L ENT	ITY. ]	OR	OTH	ER THAN	_ ! Y	
ı	TOTAL CLAIMS								RAT	E	FEE	1	RATE			
ı	FOR			NUI	NUMBER FILED .		NUMBER EXTRA		BASIC	FEE 3	85.00	OR	BASIC F	-		
	TOTAL CHARGEABLE CLAIMS				minus 20=	•	•		XS 9	)=		OR	X\$18:		_	
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	MULTIPLE DEPENDENT CLAIM PR				RESENT				+145	_   _		on	+290=	1	٦	
	If the difference in column 1 is less than zero, enter "0" in colum						column 2		TOTA			OR	TOTAL		$\dashv$	
	1-10-00		AIMS AS		MENDED - PART II (Column 3)			3)	,	L ENT	<b>-</b>	OR	OTHE	R THAN ENTITY	7	
AMENTA	13/5	-	CLAIMS REMAINING AFTER MENDMENT	1	HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAI FEE		
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ىك	FIRST PRESE	MIMIL	JN OF MO	LITPLE DE	PENDENT CL	AIM		#			1_	┢				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ** TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															•	
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